

***Ionia Dial-A-Ride
251 East Adams Street
Ionia, Michigan 48846***

***CERTIFICATE OF ELIGIBILITY FOR
ADA PARATRANSIT SERVICE***

“Disability” shall mean a person who has a physical or mental impairment that substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such an impairment.

(Please print or type)

NAME: _____

ADDRESS: _____
(Street) (City) (State)

I hereby make application for a “Disability” Certificate of identification as provided for in Public Act 300 P.A. 1949, as amended and certify that the above statements are true.

Signature of applicant _____ ***Date*** _____

PHYSICIAN STATEMENT

I certify that I have examined the above named applicant and they meet the definition of disability as defined by State of Michigan Act 51, as amended and Federal States 49CFR, part 27.

Signature of Physician _____ ***Date*** _____